

Job Corps Health Questionnaire

U.S. Department of Labor

Employment and Training Administration



PURPOSE: To determine the health and accommodation/modification needs of the Job Corps applicant.				OMB Approval No. 1205-0033 Expiration Date: 1/31/2004	
INSTRUCTIONS: Job Corps centers provide health care; therefore, please answer all of the questions correctly so that the center you go to can provide you with appropriate health services. The collection of this information is authorized by PL 105-220. The information is requested on a voluntary basis.					
1. Name (Last, First, Middle Initial): _____					
2. Social Security Number: _____			3. Sex (M or F) _____		4. Height _____
5. Weight _____					
6. What is your general Health Condition (circle one): Excellent Good Fair					
7. a. Are you or your family covered by Medicaid? (If Yes, obtain a copy of your health insurance card and attach to this form.) No <input type="checkbox"/> Yes <input type="checkbox"/>					
b. Are you or your family covered by health insurance? (If Yes, obtain a copy of your Medicaid card and attach to this form.) No <input type="checkbox"/> Yes <input type="checkbox"/>					
A "YES" answer to any item in questions 8 and 9 requires an explanation in question 11 on the reverse of this form.					
8.					
a. Are you currently under the care of a physician or other health professional? No <input type="checkbox"/> Yes <input type="checkbox"/>					
b. Are you currently taking any prescribed medication? No <input type="checkbox"/> Yes <input type="checkbox"/>					
c. Have you been advised to have any surgical procedure or medical treatment? No <input type="checkbox"/> Yes <input type="checkbox"/>					
d. Have you been hospitalized for a medical or mental health reason within the past 2 years? No <input type="checkbox"/> Yes <input type="checkbox"/>					
e. Have you received counseling or treatment for drug or alcohol use within the past 2 years? No <input type="checkbox"/> Yes <input type="checkbox"/>					
f. Have you ever been refused or discharged from military service for medical or mental health reasons? No <input type="checkbox"/> Yes <input type="checkbox"/>					
g. Do you wear a medical device or orthodontic braces? No <input type="checkbox"/> Yes <input type="checkbox"/>					
h. Are you allergic to any drugs, medicines, or foods? No <input type="checkbox"/> Yes <input type="checkbox"/>					
i. Have you ever attempted or seriously thought about attempting suicide? No <input type="checkbox"/> Yes <input type="checkbox"/>					
9. Have you EVER had or do you now have any of the following conditions?					
	No	Yes		No	Yes
a. Anemia (including sickle cell disease)			h. Kidney, bladder or urinary problems		
b. Asthma			i. Speech impairment (e.g. stuttering)		
c. Visual Impairment			j. Tuberculosis (TB) or positive TB skin test		
d. Hearing Impairment			k. Ulcer of stomach or intestines		
e. Serious dental problems			l. Epilepsy, seizures, convulsions		
f. Diabetes (sugar in urine)			m. Other health issues		
g. Heart condition or high blood pressure			n. FEMALES: Are you pregnant? If YES, date of last menstrual period _____		

10. Do you have any physical or mental disability which will require an accommodation or modification to participate in the Job Corps Program?

Job Corps Health Questionnaire (Continued)

11. Provide explanation below of any "YES" responses to items in questions 8, 9, and 10. If additional space needed, attach separate sheet.

Item	Explanation

I (we) authorize the Job Corps to receive from doctors, clinics, hospitals, or other sources, medical information from my (son's, daughter's, ward's) health records regarding only the specific conditions listed, in section 8 or 9 for the purpose of determining the health needs of the applicant. I (we) authorize release of medical information to health staff and Center Directors with need for that information, and to the health department when required by law. I (we) authorize an ENTRANCE MEDICAL EXAMINATION, which includes blood testing to identify conditions such as anemia, syphilis, and HIV infection; urine testing for conditions such as diabetes, nephritis, pregnancy, and for controlled substances. I (we) understand the reasons for the medical examination and health testing, and have had the opportunity to ask questions. I (we) also authorize immunizations for tetanus, diphtheria, poliomyelitis, measles, mumps, rubella, influenza, and others. I (we) also authorize a skin test for tuberculosis, if necessary. I (we) understand that any false statement or dishonest answer will be grounds for the dismissal for the above-named individual and may be punishable by law.

Applicant Signature

Date

Parent/Guardian Signature (if applicant is a minor)

Date

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Job Corps, Room N-4507, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0033).

JOB CORPS HEALTH QUESTIONNAIRE, ETA 6-53

Purpose. To obtain a health history and the health needs of the Job Corps applicant.

Originator. Job Corps Admissions Counselor.

Frequency. Once for each student at time of application.

Distribution. This is a 2-page form. If there are “yes” answers to one or more questions on the form, the originator (Admissions Counselor) must obtain relevant physician/institution reports and forward the applicant’s folder, including the ETA 6-53, to the Job Corps center of assignment.

General Instructions. Information is placed on the form as given by the applicant during the health interview. This information is confidential and must be so maintained by the Admissions Counselor. The Admissions Counselor must:

- Ensure the health questionnaire is fully understood by the applicant and that all entries are completed and appropriately written or checked.
- Obtain additional information or arrange for a new health examination or evaluation for the applicant when requested by the center of assignment.

Detailed Instructions.

<u>Item</u>	<u>Comments</u>
1.	Self-Explanatory
2.	Self-Explanatory
3.	Self-Explanatory
4.	Self-Explanatory
5.	Self-Explanatory
6.	Self-Explanatory

<u>Item</u>	<u>Comments</u>
7.-8.	<p>Ask questions as stated and check "NO" or "YES."</p> <ul style="list-style-type: none">▪ Attach copy of insurance or Medicaid card if appropriate.▪ If possible, obtain the medical diagnosis of the condition rather than the applicant's description of symptoms.▪ Establish appropriate dates for the onset of the condition and date it ceased, if appropriate.▪ Obtain information about all hospital stays even if several were for the same condition. List only dates that applicant was in the hospital. Do not include emergency room visits.
9.	<p>Obtain information about each condition. Explain how often the problem occurs (e.g., heart condition – cannot walk up stairs without getting short of breath). Specify whether the applicant still has the condition.</p>
10.	<p>Record whether applicant has a physical or mental impairment that requires a reasonable accommodation to perform the essential functions of the Job Corps program.</p>
11.	<p>Use this section to record any comments provided by the applicant for questions 8,9,or 10. If the applicant is not sure whether he/she had one of the conditions mentioned in questions 8 or 9 or requires an accommodation (item 10), include whatever information the applicant provides.</p> <p>If the applicant is reluctant to give additional information, the Admissions Counselor must not pressure the applicant. Indicate in this section that the applicant declined to comment.</p>